

38277-1

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

35006-A

~~38277-1~~

1. PLACE OF DEATH

County Stone
Township Williamson
City (No.)

Registration District No. 8407
Primary Registration District No. 6112

File No.
Registered No.

St. Ward

2. FULL NAME

Francis M Kerr

(a) Residence, No. St. Ward.
(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OF RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Kerr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs or min
About 43 or 44 years

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. Farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

13. NAME Martin Kerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT (ADDRESS) Mabel Arnold Kerr

18. BURIAL, CREMATION, OR REMOVAL

PLACE Carlisle, Mo. DATE Nov. 11 1919

19. UNDERTAKER (ADDRESS) Did not have an undertaker

20. FILED 19

Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov 10, 1919

22. I HEREBY CERTIFY That I attended deceased from Nov 1 1919, to Nov 10 1919

I last saw him alive on Nov 8 1919 Death is said

to have occurred on the date stated above, at 9 a m.

The principal cause of death and related causes of importance were as follows:

Pulmonary Tuberculosis Date of onset

23A

Other contributory causes of importance:

23. Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? Date of injury 19

Where did injury occur? (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.

Manner of injury Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify

(Signed) J. A. Reynolds, M. D.

(Address) Neakho mo

AUG 29 1919

The following information was obtained from the files of the
 Internal Security - Communist Section, New York Office, dated
 10-10-68.

Name: [Name obscured]
 Address: [Address obscured]
 Date of Birth: [Date obscured]
 Place of Birth: [Place obscured]
 Education: [Education obscured]
 Occupation: [Occupation obscured]
 Political Party: [Party obscured]
 Organizations: [Organizations obscured]
 Associates: [Associates obscured]
 Activities: [Activities obscured]

This information was obtained from the files of the
 Internal Security - Communist Section, New York Office, dated
 10-10-68.

DR. C. E. MANESS

NEWTON COUNTY HARDWARE BUILDING

NEOSHO, MO.

7/9/ 31

State Board of Health
Jefferson City , Mo .

Gentlemen ; Regarding the death certificate of Francis M .Kerr.
His people had a letter from the Veterans Bureau asking them to file
a delayed death certificate .

Dr. Reynolds that lives in Neosho at present lived
in that part of the country at that time and this man was under his
care at the time of his death . The death certificate which I mailed
you was signed by him . Dr. Reynolds did not think that they were
filing death certificates in that County at that time .

We were enclosing that certificate in case one had
not already been filed .

We remain

Very Respectfully ,

C. E. Maness

35004

Neosho, Mo .

July 13, 1931

Mable Arnold hereby certifies that I was present and have personal knowledge of the fact that Francis M. Kerr died Nov. 10, 1919, and that Dr. J.R. Reynolds was attending physician. At that time he was practising in Arkansas just across the line. I do not know why a death certificate was not filed at that time.

Mable Arnold

Sworn to before me this 13th day of July, 1931.
My commission expires October 16, 1932.

Oswald W Epperson
Notary Public in and for Newton County, Mo.

35006

Neosho , Mo .
July ,13, 1931

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My commission expires October 16, 1932.

Oval W. Epperson

Notary Public in and for Newton County, Mo.

JUL 14 1931
THE STATE OF MISSOURI
COMM. EXPIRES 10-16-32

35004

**MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH**

ALL INFORMATION CALLED FOR MUST BE WRITTEN ON THIS SUPPLEMENTARY.

1. PLACE OF DEATH

County Boone Registration District No. 847
Township Williams Primary Registration District No. 6112
City _____ (No. _____) St. _____ Ward _____

File No. _____
Registered No. _____

2. FULL NAME

Francis M. Kerr
(a) Residence, No. _____ St. _____ Ward _____
(Usual place of abode) (If nonresident, give city or town and State)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Male 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Mabel Kerr

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) not known

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min. About 43 or 44 years

OCCUPATION 8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. farmer

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc. _____

10. Date deceased last worked at this occupation (month and year) _____ 11. Total time (years) spent in this occupation _____

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Missouri

FATHER 13. NAME Martin Kerr

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Kentucky

MOTHER 15. MAIDEN NAME not known

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) not known

17. INFORMANT Mabel Kerr (ADDRESS) _____

18. BURIAL, CREMATION, OR REMOVAL PLACE Carlisle Mo. DATE Nov. 11 1919

19. UNDERTAKER Did not have an undertaker (ADDRESS) _____

20. FILED July 28, 1931 J. E. C. Huffell Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Nov. 10 1919

22. I HEREBY CERTIFY, That I attended deceased from Nov. 1 1919, to Nov. 10 1919.
I last saw him alive on Nov. 8 1919. Death is said to have occurred on the date stated above, at 9 A.M.
The principal cause of death and related causes of importance were as follows:
Pulmonary Tuberculosis Date of onset _____

Other contributory causes of importance: _____

Name of operation _____ Date of _____
What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? _____ Date of injury _____ 1919
Where did injury occur? _____ (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place. _____

Manner of injury _____
Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? _____
If so, specify _____
(Signed) J. P. Reynolds, M. D.
(Address) Reshd. Mo.

REGISTRARS SHALL NOT RECEIVE A FEE FOR CERTIFICATES UNTIL THEY ARE COMPLETE AS PRESCRIBED BY LAW

in plain terms, so that it may be properly understood. Every statement of OCCUPATION is very important.

SUPPLEMENTARY

